

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/02/2014
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00148135, IN00148428 and IN00148894 completed on May 19, 2014, which resulted in unrelated deficiencies cited.</p> <p>Survey date: July 2, 2014</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 54 Total: 54</p> <p>Census payor type: Medicaid: 35 Other: 19 Total: 54</p> <p>Sample: 3</p> <p>Country Charm Village was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00148135, IN00148428, and IN00148894.</p> <p>Quality review completed on July 03, 2014; by Kimberly Perigo, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE